



# City of Franklin Application and Agreement for Service

P.O. Box 487

Franklin, TN 37065

Phone (615) 794-4572

Fax (615) 550-1954

Date you want service to begin: \_\_\_\_\_

For office use

Account No: \_\_\_\_\_

**3 Day notice required**

Are you sales tax exempt: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, proper documentation must be provided.**

Are you subject to reduced tax rate? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, proper documentation must be provided.**

Name \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Service Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

S.S. # \_\_\_\_\_ S.S. # \_\_\_\_\_

D.L. # \_\_\_\_\_ STATE \_\_\_\_\_ EMAIL \_\_\_\_\_

Home phone \_\_\_\_\_ Daytime contact phone \_\_\_\_\_

Will you own or rent at this new location? **Own** \_\_\_\_\_ **Rent** \_\_\_\_\_ **(Copy of lease required)**

If renting, name of landlord \_\_\_\_\_

Are you currently a City of Franklin Water Dept customer? \_\_\_\_\_ If yes, please give address you are transferring from: \_\_\_\_\_

\_\_\_\_\_ Account No \_\_\_\_\_

Do you want service terminated at the old address? \_\_\_\_\_ If yes, give date \_\_\_\_\_

Is there any medical reason that service cannot be interrupted? \_\_\_\_\_ Explain: \_\_\_\_\_

**Written verification from a medical doctor is required before meter can be labeled as non cut-off**

**\$50.00 Application fee** paid by: **CASH** \_\_\_\_\_ **CHECK** \_\_\_\_\_ **1<sup>ST</sup> BILL** \_\_\_\_\_

**(Continued on other side)**



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There is a **\$12.00 per month, per container** charge for solid waste disposal for **residences** located within the city limits of Franklin.

**Commercial solid waste** disposal is optional and fees are based on usage and type of container. A separate application is necessary for this service. Please advise this office if you need this service.

A **non-refundable fee of \$50.00** is payable when service is requested to offset bookkeeping and field work incurred by the City of Franklin as services are made available.

*I hereby make application to the City of Franklin for water and/or sewer and/or garbage service and agree to pay for such according to prevailing rates.*

*I understand that all service is subject to the rules and regulations of the City of Franklin, which may be amended from time to time and that these rules and regulations are part of this agreement.*

*I represent that neither I, the applicant, nor spouse, nor any other resident in the household owes the City of Franklin a delinquent bill. Any misrepresentation herein shall be grounds for discontinuance of service.*

*I further agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection, legal, attorney fees and otherwise.*

*I hereby acknowledge receipt of information sheet regarding rules and regulations and billing information.*

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Customer Signature

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Date

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Co-Applicant Signature

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Date

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## LYNWOOD UTILITY COMPANY APPLICATION FOR SEWER

(Route 71)

I hereby request the provision of sewer service from **Lynwood Utility Company, Inc.** I agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection, including court costs, legal and attorney fees and all other costs.

I further agree and authorize the City of Franklin or its agents to enforce all provisions of this contract. I specifically authorize the City of Franklin or its agents to collect late payment charges, cut off and reconnection charges and further authorize them to terminate my water and sewer service for failure to abide by the terms of this Agreement. I recognize them as the lawful agents for **Lynwood Utility Company, Inc.** in the enforcement of this Agreement.

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Customer Signature

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Date

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Co-Applicant Signature

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Date